

CITY OF PULLMAN

**DEPARTMENT OF PUBLIC WORKS
CONSULTANT ROSTER REGISTRATION**

CONSULTANT NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

THE CONSULTANT WISHES TO BE CONSIDERED FOR CONTRACTS FOR PERFORMANCE OF PROFESSIONAL SERVICES IN THE DISCIPLINES CHECKED BELOW. CONSULTANT IS LICENSED TO PRACTICE IN THE STATE OF WASHINGTON IN THE DISCIPLINES CHECKED.

ARCHITECTURAL SERVICES FOR PROJECTS INVOLVING:

_____ REMODELING OR NEW BUILDINGS

ENGINEERING SERVICES FOR PROJECTS INVOLVING:

- _____ LANDSCAPE ARCHITECTURE
- _____ SUBDIVISION IMPROVEMENTS
- _____ STREETS
- _____ SEWER
- _____ WATER
- _____ STORM DRAIN
- _____ WATER SEWER TREATMENT
- _____ GEOTECHNICAL
- _____ STRUCTURES
- _____ TRAFFIC & SIGNALS
- _____ ELECTRICAL
- _____ MECHANICAL

SURVEYORS SERVICES FOR:

- _____ SURVEYS
- _____ PLATTING
- _____ CONSTRUCTION STAKING

OTHER SERVICES: (SPECIFY)

CONSULTANT'S AUTHORIZED REPRESENTATIVE: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

SEND COMPLETED FORM TO:

**CITY OF PULLMAN
ENGINEERING
325 SE PARADISE STREET
PULLMAN, WA 99163**